

MONTANA DEPARTMENT OF TRANSPORTATION PO BOX 8019

HELENA MT 59604-8019

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www.mdt.mt.gov

Application for Refund of State Diesel Tax on Heating Fuel

Refund of Montana Diesel Tax

SN	-OR- Fed I	(D#: T	Time period for Refund:to			
pplicants	Name:					
Iailing A o	ddress:		Phone Number:			
City:	Sta	ate:Zip Code	+ 4:			
		INSTRUCTION	\mathbf{S}			
the ap Based purcha Origin The na declar This c The fu	formation requested on this application is required. Failure to complete the form will result in the return dication and will delay your refund. on the postmark date of application, invoices must be submitted within thirty six (36) months of date see. all invoices must be listed on Schedule 3 (page 2) and submitted with application. me on this application must match the name on all invoices. If the names differ in anyway a signed stateming the names on the invoices and the applicant are on in the same. aim must have an original signature or it will be returned to sender. el placed in the tank must be used exclusively for heating and the invoices must show that the fuel purchatating fuel.					
	Heating Fuel Only					
	Total Gallons (from Schedule 3)	Refund Amou Per Gallon				
	\$	X \$0.2775 =	\$			
aid Prepare	entirely consumed by the applicant for he received at the time of purchase and deliver's Name:	neating purposes only; that the invery; that said claim against the	nd correct statement showing diesel purchased and invoices included are the original purchase invoices State of Montana is just and wholly unpaid.			
			s this application with the preparer above?			
	Signature:	<u>-</u>				
IDT attemp	ots to provide accommodations for any l		fere with a person participating in any service, program of upon request. For further information call (406) 444-7270			

FOR OFFICE USE ONLY

File Location: _____ Entered: ____ /___ - ____

Processed: ____ /__ /__ - ___ Pre-Approved: ____ /__ - ___ - ____

Approved: ____ /__ /__ - ___ Postmark Date: ___ /__ /__ ___

SCHEDULE 3

List Tax Paid Purchases Only Attach Original Invoices

DATE	DEALER	INVOICE NUMBER	CLEAR DIESEL GALLONS
		- 	
		- 	
		_	
<u> </u>		1	
			
			
		1	
	Totale (Entagrated) in	column 1 on front of application)	

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